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Workshop participants and staff members of the President's Committee on Mental Retardation are listed, and contributions of participants are presented for each day of the meeting. Discussions consider the Model Cities Program, the problems of the disadvantaged, mental retardation, environmental influences, community involvement, inclusion of the retarded in Model City Planning, associations for retarded children, special education and transportation, financial support, impressions of visits to various communities, and community organization. The appendix is a guide to mental retardation for Model City planners which considers the following planning: prevention: diagnostic, preschool, educational, social and economic, rehabilitation, day care, and public health services: regional services: resource agencies: establishment of priorities: evaluation: and charts of degrees of retardation and programs or services for the retarded. (RJ)

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THE MENTALLY RETARDED IN MODEL CITIES

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THE MENTALLY RETARDED IN MODEL CITIES

The Report of a WORKSHOP

sponsored by

The President's Committee on Mental Retardation

September 24, 25, 26, 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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INTRODUCTION

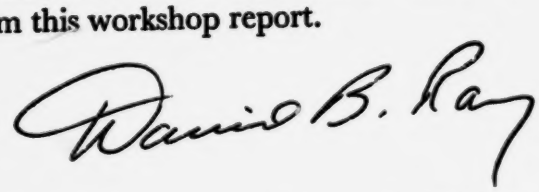
The opportunity to break into the cycle of ignorance, illness, mental retardation and poverty has now arrived. The Model Cities Program provides the long-awaited opening that can change not just the neighborhoods but also the lives of those in the blighted areas where 75 percent of the retarded live.

An indication of the importance of the program to the mental retardation field is the fact that 50 percent of the mental retardation staffing funds available this fiscal year have been tentatively ear-marked for use in the Model Cities neighborhoods.

In order to take advantage of this opportunity to prevent mental retardation before it occurs, and to improve the lives of those already retarded in Model Cities neighborhoods, the President's Committee on Mental Retardation sponsored a workshop. It was held in Washington, in cooperation with the Department of Health, Education, and Welfare; the Department of Housing and Urban Development; and the National Association for Retarded Children.

Experts and selected workers in urban programs and mental retardation activities across the nation attended. This publication presents the most pertinent contributions of the dialogue that took place, together with guidance on mental retardation concerns for Model Cities planners.

It is our hope that those who are working in the Model Cities Program as well as the millions of others whose lives will be affected by it will benefit from this workshop report.



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JANUARY 6, 1969.

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THE PRESIDENT'S COMMITTEE ON MENTAL RETARDATION appreciates the contributions of all those who took part in this productive workshop.

Our special thanks to: Planning Committee Chairman ALLEN R. MENEFEE, Deputy Executive Director, PCMR; Planning Committee members WALLACE K. BABINGTON, Chairman, DHEW Secretary's Committee on Mental Retardation; MISS ANITA BURNEY, Health Services Advisor, Model Cities Program, HUD; MRS. JUDITH HOPKINS, Training Specialist, Center for Community Planning, HEW; MRS. BARBARA ANDRE, Public Inquiry and International Relations, NARC; MANFORD HALL, PCMR Consultant; RICHARD C. THOMPSON, PCMR Program Specialist, who was staff coordinator for the workshop; MRS. NAOMI L. TEASLEY, PCMR, secretary to the workshop, who typed numerous drafts of the manuscript; MRS. MARY Z. GRAY, Assistant Director, PCMR Information Services, who edited the transcript for publication; and EDWARD L. MEYEN, Director, Special Education Curriculum, Development Center, University of Iowa, who wrote the appendix of this report.

In anticipation of future action, we also wish to thank those who will put into practice these ideas to benefit both the retarded and those who will be spared retardation because preventive measures were taken in time in Model Cities neighborhoods.

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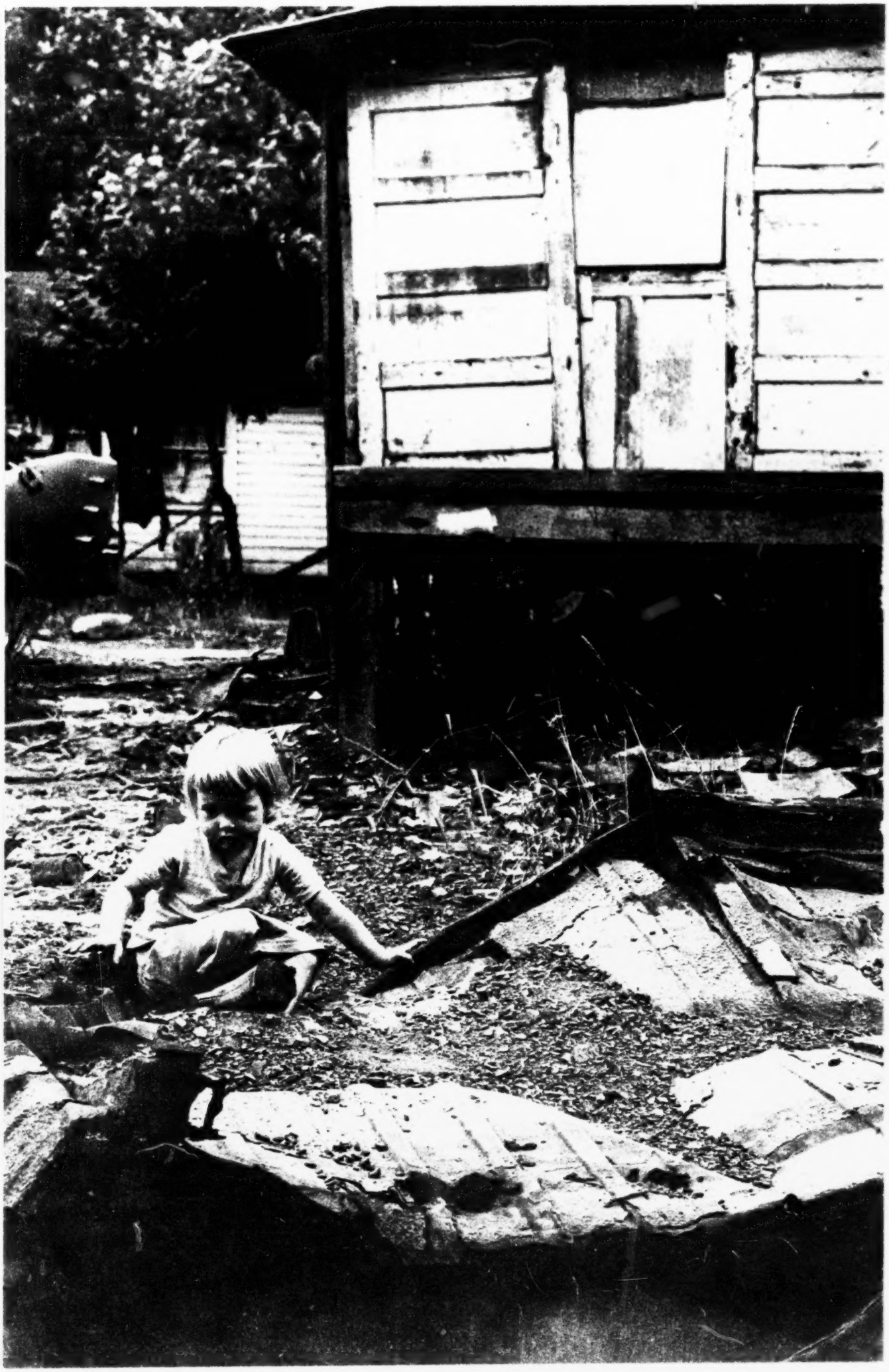

TUESDAY, SEPTEMBER 24, 1968

EDWARD C. SYLVESTER, JR.*

(*Assistant Secretary, Community and Field Services, HEW*): The Model Cities concept opens up the way for a new kind of planning, a new kind of involvement at the local level that the government has not yet experienced. We badly need to experience it. We place very high priority on making the Model Cities concept work.

We are all aware of the clear relationship between mental retardation and poverty. One of the purposes of the Model Cities program is to develop methods of dealing effectively with poverty. Mental retardation programs should play a key role in this effort.

MRS. ELEANOR ELKIN

(*President, NARC*): Recent publications, articles and speeches have documented the relationship between poverty and mental retardation. This fact requires those of us who are working with associations for retarded children to take a new look at our programs and at our responsibilities for those living in poverty areas.

We have had, from the early days, members in our associations for retarded children who are poor. They have worked with us and struggled with us to find answers for helping and living with our retarded children.

But we do not pat ourselves on the back. It has only been recently that we have made much effort to really reach the thousands of people living in poverty areas whom we have not helped. We have not known

*Participants are identified by title of position held at time of workshop.

335-065 O—69——2

how to help and have really not worried too much about them. We have been pretty busy doing our own thing for our own kids.

But I do remember driving a child who lived up in the hills in Bucks County to a clinic in Philadelphia at the request of the welfare worker. I remember the basement clinic and the long lines and the hard benches and the mother with crying children waiting in line for their care. We didn't have to wait so long because we had been sent by the welfare group and word had been sent ahead that we were coming, but even at that it took several hours.

We realized that mothers who were sitting there with children who needed help were not getting the same kind of attention that we would get. We could not help but contrast the attention we got, the treatment that was given to the child with the warm friendliness that we experienced with our own child, although I am sure treatment was adequate and good and the doctors were kind.

Then there was Freddy who lived down the block in our nice, semi-rural area. Freddy's family was poor, and Freddy's family was black. He was also mildly retarded. He used to play with my children and I was delighted that I lived in a small town where this was possible and my children could learn about children who were different from them in color and in finances, because there wasn't any kind of special, one deluxe area in that town.

But one day I received a telephone call from a neighbor saying, "Did you know Freddy stole Margo's bike?"

"No, I didn't know it, and I think it is out back."

"Well, he has been riding it and he stole it."

But Freddy had permission because we had four bikes and only two children. Freddy had permission to ride the bikes any time he wanted as long as he put them back.

But because he was poor and different, he was labeled a thief and Freddy was only 5 years old.

Then I remembered driving through Philadelphia on a very hot summer day and seeing mothers out on the steps with babies in their laps and the children playing on the sidewalk. They didn't play on the streets; they played on the sidewalk, but it got very crowded because there were so many children and no playground.

I remember thinking, if you were born here, if you had to live here, how would you ever get out? How could you ever improve yourself? What would happen to you? Could you really stand, as a child, the bruises that would happen to you inside?

Now the voices of the people living in the poverty areas are reaching us in our comfortable homes and we want to respond because those of us working in associations for retarded children know so well the frustration of trying to penetrate the cotton-stuffed ears of man living in his own small world.

Last year in convention in Portland our membership passed a resolution to make special efforts to extend our membership and service programs to those living in the slums.

But resolutions are not the end of it. We can't congratulate ourselves about resolutions. They don't solve problems, they just state them.

We at least now have a committee on poverty and mental retardation. The chairman is with us and is on the program of this workshop. All of our program committees have been asked to zero in on the problem and give special consideration in their planning to how they can be effective and helpful to those living in poverty.

We do want to help and we do care but so frequently we have been overcome by the size and complexity of the problem. Most of the time, we just don't know where to start. We have to learn about the resources and ways to be helpful.

For this reason we are excited about the opportunities that are afforded us at this workshop. Here is a chance to learn how we can be involved in a meaningful and effective way. There is a chance to back up our words. Here is a chance to make that resolution we passed get into action. Here is a way, we hope, to meet the challenge and to be part of the action.

DR. ROBERT A. ALDRICH (*Vice Chairman, PCMR*): I would like to make some comments which I hope will be practical and helpful in trying to weave together the complex problems of mental retardation and the problem of what we do to improve the quality of life in our cities.

In our 1967 report we made a series of recommendations to President Johnson. After receiving the report, he talked to us on what he thought some of the priorities were in ten major areas we had identified.

We took his priorities and in our second report, *MR 68,* zeroed in on residential care—the whole problem of the quality of housing of all ages and degrees of the mentally retarded.

In *MR 68,* we also pointed our attention to the situation of poverty, in cities particularly, although we did not overlook rural areas where there are similar problems.

At the presentation to President Johnson, he singled out two items which are at the heart of what you will be discussing in this workshop.

First, he said that we have to get over the notion that if your IQ measured, let's say 110, your IQ is 110 for life. We know better now.

A person can be measured as having an IQ of 65 and with suitable

education and help, his IQ can rise substantially. There was a recent report of some studies of the Head Start program showing that IQ will often rise 25 or 30 points. This is a very significant concept.

The second point that the President made was that some of the large national efforts, in areas like transportation, housing, and the Model Cities Program, are doing a great deal for the mentally retarded. But it is not labeled as work or expenditures for the mentally retarded.

I think education is a field that has probably done more for the mentally retarded, without being labeled, than programs for the mentally retarded per se.

There are approximately 6 million mentally retarded in the United States at this time. Of those, about 75 percent cannot be shown to have any disease or biological cause of their mental retardation, or poisoning or an injury from a blow on the head or damage from meningitis or anything of that sort. They are just like other people except that they don't learn very well.

Then there are 25 percent of the retarded who have some kind of damage, usually to their brain, possibly once in a while to other organs, but it does damage their brain secondarily. So the smaller percentage are the ones that the biologists, and the medical types like myself use their methodologies to deal with.

The big picture comes out like this: About 75 percent of the mentally retarded have some other reason for being retarded than a disease or genetic disorder or injury. This throws us immediately into the arena of culture, social affairs, the general environment.

On this subject of environment, I would like to tell you about an unusual development that has taken place in Greece but has relevancy elsewhere.

A number of world-famous city planners, urbanologists, engineers, architects and designers have been meeting in Greece over the past 6 years for a month-long session in which they discuss what is known about the design and function of cities. In the last 2 or 3 years they have turned their attention to the people who live in the cities.

These meetings are called a symposion, instead of symposium. A symposion, which is a Greek term, is a classical phrase meaning a meeting of people under very pleasant circumstances. A walk in a beautiful woods, a beautiful environment, this is a symposion.

The meeting this summer brought together, on one side of the table, men and women primarily concerned with the structure and the function of cities. On the other side were philosophers, artists, several social scientists, a biologist and two or three physicians who had a common bond of being interested in what people are like and how they function.

The issue was the issue you are facing: Are cities something that grow and take their structure and function simply because the technology is available? Somebody develops a new alloy to build more stories on a

building, and you build it just because it is there and then you cram the people into it.

Or do you try to find out whether people really are adaptable or not? And if so, to what extent and in what ways and at what age? If we have a technology with which we can design the structure and function of the cities that is a reasonable compromise between the economics, aesthetics, and so forth, we might have a place in which people are reasonably happy and could also be safe. This is the main issue: Cars or people?

Out of this confrontation there began to develop some very specific areas of research.

In an honest confrontation between two groups with very different backgrounds, both can identify something they both need to know and both agree would be very useful. Therefore, you have a basis for dialogue between scientists and philosophers.

Let me give you an example of the kinds of things that began to be asked.

Nobody knows what the requirement is for a 2-month-old baby in terms of the space occupied. In other words, if you put a 2-month-old baby in a big box with air holes and put the lid on, this would be one extreme. You shut it off from the environment and soundproof it.

What happens in between that extreme and another extreme which might be the papoose who is exposed to a lot more contact and under very different circumstances? We really don't know anything about what this 2-month-old requires.

If you take this analogy and apply it to a 10-year-old you have a whole new set of circumstances, because you are dealing with a young person who is mobile and can move throughout the city and throughout quite a few environments.

You have still another problem when you get to the teen-ager who, as far as I can make out, knows no bounds and needs every neighborhood we can produce.

Then you get some other phases like the domesticated adult, and then the liberated adult phase, and finally to the more elderly. But you have to look at these stages in life in terms of what is in a city for them in terms of things like space, rooms, neighborhoods they occupy. For example, is it safe for them to cross the street in our transportation situations?

Some of you may be interested in a book by Susanne Keller, who is a Ph. D. in sociology and a full professor at Princeton. Her book is called *Urban Neighborhoods.* (Random House, New York, N.Y. 1968. $2.45)

To illustrate, I have a neighborhood where my home is. I have a neighborhood where I work. I have another neighborhood which is all over the country, in Washington, D.C., or New York, or wherever I have connections. I have another neighborhood where I go fishing, etc.

This subject is called ekistics, or the science of human settlements. It means the confrontation between people and the human settlements that they live in. It can be applied to any size settlement.

There is a fantastic deficit in scientific knowledge about what people require in cities and their ranges of adaptability.

As much as I can find out, the city has a radius of about 90 to 100 miles any way you cut it. Any metropolitan center has this radius. If you don't deal with the whole long radius you are beat before you even start.

So when you look at a little part of a city and try to fix that up without examining the other part and understanding its impact on your new ideas, you are taking a big gamble and you are probably going to lose big.

A small number of places have been studied from this standpoint in the United States. The analysis of the Greater Detroit area, a two-volume work, is quite interesting. It was fascinating to see how much the range of impact was out from the center of Detroit.

I heard Cormus in Holland this summer discuss the almost total planning of Holland. Again we came up with this radius around large metropolitan areas and the terrible problems of relocation of population, identification for sites for different parts of the metropolitan community.

We have something to learn from history. Long before there was any technology, people learned a bit about living. They learned you have to eat and drink; they developed some cultural patterns; and they figured out how to house themselves. There are some striking similarities in these patterns.

I am convinced that it may not be an accident that the great ancient cities like London and Paris and cities in different parts of the world were all about the same size.

A thousand years ago they had about 50,000 people in them, and if you walked from one wall to the other—the diameter of the place—it took about 10 minutes.

They were on a scale that some would call a human scale. It may well be that this kind of scale is comfortable for the human organism.

Now we can extend ourselves; we can go places on wheels; we have communication patterns of other sorts. Technology has broken up this human scale of cities. I think possibly this is one of the forces that has made some of our cities almost unlivable.

Someone did a study of university campuses, how they developed, and what size and shape they took. He did some extensive interviewing about how big the students thought the campus ought to be, how long they thought it ought to take to walk from one class to another. Surprisingly enough, the mean time was, again, 10 minutes. Again, human scale.

Now if we look at modern cities we see that they really become distribution centers. And the part of a modern city that we have to deal with is what is called the infrastructure: The political system, the transportation grid, the network, the political aspects of it, money, people who live there—all of the things that make the place go.

The last census report from the Bureau of Census shows that the rate of movement of population to big cities has again declined. So in looking at our Model City situation we have to look not only at 100 miles but also at the rural area.

Obviously the infrastructure in ghetto areas is not the same as it is in suburban or rural areas. I think that a serious study of the parts of cities that are not functioning well, especially poverty areas, has to start with a look at the infrastructure. When one looks at the infrastructure it shouldn't be with a communications specialist; it should be in the form of a symposion. We need that kind of composition of interests and talents examining the pieces.

Using a symposion type of personnel, you will almost automatically develop collaboration and coordination which are really the heart of a good program in the Model City.

The problem of transportation is much deeper than most of us have realized. The cost of transportation to all of the Neighborhood Health Centers that the Head Start people have been interested in runs 25 to 30 percent of the cost. If you talk to the people who are running these centers you will find out that the real guts of the whole show is getting the people there. This is technically very tough.

Finally, I would like to comment on one other force that is in the newspapers but is not in much of the Model City planning. That is the role of youth.

I think that the young people who are asking to be heard and are making themselves heard have thrown the gauntlet down, not only on university campuses but all through this country and internationally.

We should take this into consideration when we are thinking about the quality of a Model City Program. It wouldn't be a bad idea to listen not only to the 19- and 20-year-olds but also to find out what the 13- and 14-year-olds are thinking about.

Anyone who is not a devotee of rock-and-roll and thinks it is here to stay can take heart, because the 13- and 14-year-olds think it is for the birds. Their pattern is entirely different. I think it is an accurate predictor of what is going to happen.

So we shouldn't take for granted that we know what youth is and which youth group to listen to.

With these remarks I want to give you some idea of what I think the challenges are and where we should look for help and inspiration.

WEDNESDAY, SEPTEMBER 25, 1968

JAMES ALEXANDER
(*Director, Center for Community Planning, HEW*): Many of you have been involved in city councils and commissions and planning committees where the emphasis for many years has been in physical concrete and steel planning. The Model Cities Program, from our point of view, changes that tradition and gives cities a vehicle for moving into the people-planning business.

We are particularly excited, dedicated, concerned about Model Cities at HEW because, by focusing on the problems of cities, we can begin to work more effectively with states in the same areas of coordinated action-type people planning.

I am sure you are all aware of the traditional separation between city hall and education, city hall and health, city hall and social rehabilitation agencies, city hall and state government, and the growing separation until recent years between city hall and the neighborhood.

In the Model Cities Program, from the Federal level and as part of the contracts adjudicated with the cities, there is a requirement that all planners at the local level have a common degree of involvement in the Model Cities planning and in the operation of the programs that are developed.

The strains in creating this new local partnership are acute in some cities. For the first time in many, many years educators and health people, city hall, and neighborhood citizens are trying to get together and achieve a dialogue and common objectives. This exercise causes considerable debate, considerable excitement, and sometimes slows the process, but we think in the long run this marriage of these players is going to pay off in good plans for people.

335-065 O—69——3

JOHN BUGGS

(*Deputy Director, Model Cities Administration, HUD*): The act setting up the Model Cities Program makes it very clear that what we are really concerned about is improving the quality of lives of people who live in cities. Looking at the city as an organism, particularly the great, large metropolitan centers, and to a lesser degree the smaller cities, one discovers that the major urban problem is a rather large dysfunctional element that has developed insidiously over the years.

Usually that element is at the center of the city itself, where the people who are poor live. They are people who to some extent have been disenfranchised in some areas, individuals who have never been brought into the mainstream of life in communities in which they live, have in fact become a dysfunctional element. As a result, the city has not functioned as it had in the past.

The good life for millions of people who inhabit our cities simply does not exist.

The Model Cities legislation reflected a knowledge and a commitment on the part of the Federal Government that at long last something needs to be done about that fact.

The Model Cities Program requires comprehensive, coordinated planning at the local level. In the Model Cities Program it is no longer possible for a city to plan as that city has planned in the past. Within the framework of its program, it must do a comprehensive planning job, linking the components of the program together. Those responsible for education must know what is being planned by those who are responsible for employment, and they must know what is being planned by those responsible for welfare, et cetera.

The Federal Government is perhaps no better than local government has been in terms of comprehensive planning. But now the major governmental agencies are getting together for the primary purpose of seeing that the Federal response to the cities is also coordinated and comprehensive.

People throughout this Nation are demanding that they be involved in making the decisions that affect their lives and the communities in which they live, and citizen participation therefore becomes an extremely important element in Model Cities.

It is important not only as an end in itself, but it is important as a means toward the larger end that we seek to help cities reach.

The Model Cities Program is to some extent a misnomer because in most instances the program does not cover the entire city. The administrative rule is that a city may treat under Model Cities an area that contains

15,000 people or 10 percent of the city's population, whichever is greater. In New York, for example, that would mean close to 800,000 people. In those cities in which the population is 15,000 or less the entire city may be treated as a Model City. But in the larger cities it is really a model neighborhood, a target area, that is the focus of attention, rather than the city as a whole.

So, coordination at the local level, coordination at the Federal level, and citizen participation, are three major elements.

A fourth element is involvement of the State. As you know, many Federal programs are administered by State agencies. We are attempting to get State agencies and the Governors of States involved to the extent that they, too, will recognize the importance of the coordinated, comprehensive approach to the needs of the model neighborhood.

MR. ALEXANDER:

We are very concerned about neighborhood citizen involvement in the Model Cities Program. But it isn't reaction to demand. If you look at the background you discover a gradually decreasing influence by the neighborhood on decisions that are made by the local government in the last 50 or more years.

This is caused by a number of things. At one time a councilman might have had 5,000, 6,000, or 10,000 voters a district, and now he may have 150,000. The same thing is true of Congressmen.

Somehow, we have to get back to a system under which people have more voice in the programs and influence them.

The other point is that the Model Cities Program is also designed to develop the patterns of neighborhood planning and progress. Duluth, for example, in struggling with the problems of people-planning with one neighborhood is going to develop a way of dealing with all its neighborhoods.

ANN C. MACALUSO

(*Community Action Program, OEO*): The most important part to us and the part that really has had and will continue to have the biggest influence on the Model Cities Program and on other programs across the country, is local initiative. And that is the part of the Community Action Program which puts money into communities to initiate a process whereby communities can begin to look at their problems and come together in finding at least some beginnings of solutions, or if nothing else, some decisions on the needs and desires of the people in those communities.

Last week in Austin, Tex., I talked to CAP directors and regional representatives from 28 CAPS in the Southwest region.

There are 1,050 Community Action Agencies across the country. I want to tell you about a few of them.

The first is in Taos County, N. Mex., a small rural community, 8,000 people in the county; very, very strong cultural traditions, Spanish-American, not Mexican-American—the point was made to me very strongly. A totally agriculture community. Most families live on $1,500 a year, from farming and by raising their cows, and forestry.

CAA came into Taos County. People for the first time began to think that maybe they could have something more than $1,500 a year. They have two skills: the men carve and the women sew.

They set up cooperatives; the first one a marketing cooperative; the second a woodworking cooperative, which will sell its products through the marketing co-op. The people made toys and sold them to Head Start Programs in Colorado and New Mexico. And last year these people grossed $40,000. The toys were used by a Head Start program which their children were attending.

That is one kind of community action. In CAP people come together initially before they go to Model Cities boards.

In one other neighborhood council children no longer have to wait an hour-and-a-half to climb across railroad cars and cross railroad tracks to get home from school. There is an underpass being built under the whole railway yards because people got together in a typical model neighborhood, and decided that was the thing they needed most.

Little Rock, Ark., is a big, militant city, with 66 neighborhood councils and six area councils and six area centers, where people—black people for the most part—have begun to come together with technical assistance from the Community Action Agency in the city. They are coming together to define problems—not big problems yet. There isn't the money for that, but they are defining little problems. Now people in the Dixie Addition are getting their mail delivered door-to-door just like the rest of the city.

They just held an election in Little Rock for their CAP board and 30 percent of the residents turned out for the election. I think that is the highest in the country, although Dayton had an almost equally high representation for its Model Cities board representation.

And then last, southwest Texas is a Mexican-American, sparsely settled, low-income, poor community, a whole series of counties along that southern tier of Texas. They are doing just one thing, and Community Action Agencies are helping them to do it. They are talking to each other for the first time across town lines and county lines and identifying as Mexican-Americans who can talk to each other and who can speak the Mexican-American language. They resent being called Spanish-American.

Suddenly there is an identity, a sense of coming together, and of having something in common, of sharing something. That is community action, too.

That is really what I think community action offers in the local initiative sense in talking of Model Cities. But it has one other thing. By legislation, boards were required to be constituted of one-third public officials, one-third private or public organizations, and one-third poor. Most of the CAA's across the country already had done that, although in a number of cases there was more than one-third representation on those boards.

In Eddy County, N. Mex., where there was tremendous resistance initially to the CAA going into the county, the Mayor of Carlsbad is now chairman of the public relations committee for the Community Action Agency. They get 80 percent attendance at their CAP board meetings every other week, and that includes the mayor. That is an incredible community working together to build buildings for senior citizens and day care programs, and all kinds of things going on.

That is the other thing that CAP has to offer to the Model Cities Program: A vehicle for people to come together and talk to each other as we are doing, to stand as equals, poor people and rich people, and people who have never voted in their lives and people who have been elected.

MR. ALEXANDER:

Here is a report that covers 73 of the applications that came in from Model Cities. It lists the educational services, social rehabilitation services, health services, employment services, and others discussed by those Model Cities people in terms of what they were thinking about trying to do in the neighborhoods.

You can look in vain for the words mentally retarded, despite the fact that they were in the guidelines on Model Cities, despite the fact there has been dialogue on it. For some reason people at the local level and people thinking about poverty just simply are not recognizing the mentally retarded.

So our key question here is: How do we lead those local planning groups and those local neighborhoods, cities and agencies to think about this problem and what steps should be taken to deal with it?

The problem of the mentally retarded youngster is not simply his own; it is a problem of his whole family. He can be the factor that determines whether his father, in training for the first constructive job in his life is psychologically able to cope with it, and doesn't have plaguing at him constantly the problems of an uncared-for mentally retarded youngster at home.

JAMES BUTTS

(*Technical Assistance Section, Center for Community Planning, HEW*): I think it is interesting that not one plan mentioned mentally retarded per se. I think we could have anticipated that at the time we sent out guidelines to cities and indicated that they should start looking at those things that are closest to them.

Their first concern is survival.

Community residents are concerned about economic development. Economic development entails jobs. They are concerned about day care. Where are our children going to be while we are at the jobs? They are concerned about health, inoculations, examinations, baby shots, et cetera.

The Neighborhood Service Program is a demonstration project to look at a service delivery system. Looking at a service delivery system means you become involved with a number of social agencies.

If we can get these relationships worked out, we will have a major beginning in the whole area of working relationships at the local level as well as at the Washington level.

What we describe as core services means that there would be a central administration, central records, a central outreach, a central intake, and that the diagnosis to some degree could be central.

But you have to make sure that each individual gets everything that the center has to offer.

This is what the NSP program says. And that is the reason for the central administration, the central intake, and the integration of services. The system presupposes that if I, as an intake worker, find an individual who needs health services, I bounce him to health. The health person recognizes this individual under the public assistance guidelines may have some services available to him, and bounces him to public assistance. Public assistance then picks up. But you keep him in one area so that he doesn't get lost.

Now let's say we are able to work out these kinds of relationships. There is another kind of relationship to which we must address ourselves. In some of our major cities a person as important as the school superintendent is not involved in the Model City planning, or if he is involved, it is superficially. We know that some of our private agencies are not involved in Model City planning. Here there is a two-way street.

The guidelines say all agencies in that community should be involved. But suppose they are not. What is our responsibility? What is your responsibility? Do you say, "I think we have a stake in this program; we have work in this community, we think we have expertise to bring to this particular operation"?

It seems to me that is going to have to happen.

I don't think we have looked at child development yet specifically as it relates to mental retardation.

Education is not reflected in the program. We know from our experience of working with mentally retarded kids that sometimes parents say, "Oh, yes, my child is three years behind in school, but she doesn't get along with the teacher." I can give you endless examples from my experience in the child welfare division. Many don't recognize and don't know mental retardation.

So I think you particularly have an important role to play in the NSP's, in the parent-child centers, and in the Model Cities.

MR. ALEXANDER:

Unless there is pressure from the people in the local community who are sophisticated and knowledgeable about mental retardation, we are not going to get what we want built into this program.

I hope that if anybody is going to pick a slogan for a local chapter it would be, "Knock on doors." Don't get left behind.

MR. BUGGS:

The CAA has not been appointed as the exclusive citizen participation mechanism in any given city. We aren't telling cities what the mechanism should be or who the people should be. Where it is obvious that the CAA can't do it, a new kind of organization will probably be formed. Where both things are strong they will probably work together.

MR. ALEXANDER:

All we are saying is simply this: cities are different, we haven't the panacea. But you are not going to have logical planning and logical operations in support of those plans unless you have professionals and nonprofessionals, neighborhood residents, and local power structure people involved in a joint planning effort.

Now in the Model Cities Program the contract of HUD is with the city demonstration agency which is required to have a strong citizen participation program.

MR. BUGGS:

There are four kinds of money that will be going into the Model Cities Program. One represents a supplemental grant and the planning grant that the Model Cities Administration gives to the cities. The planning grant is relatively small; the supplemental grant relatively large.

The second bag, which will be larger than the supplemental, will be the regular programs the government has funds specified for—certain things that will be going into the model neighborhoods.

The third will be funds from the city.

And the fourth will be private funds, generally, I suppose, from business and industry.

The city has sole responsibility for determining how the supplemental money is spent so long as it is within the framework of the legislation itself. We aren't going to tell the cities how to spend the money. They are going to make the decision along with the neighborhood representatives as to priorities.

The program funds from HEW, Labor, et cetera, will come as a result of those programs being put in the plan.

No Federal program will go into a model neighborhood area unless it has been a part of the plan approved by the city and the citizens.

If you went into OEO for a grant for a program in the field of mental retardation for the city of Baltimore, for example, that would be between you and OEO. If you are going to have this as a part of the Model Cities Program it has to be confined to the Model Cities area. It can't be all of Baltimore.

If the Baltimore ARC has been excluded by the people who are now responsible for the Baltimore model neighborhood residents, one of the reasons may very well be that it is white, middle-class. Some change may have to be made within the framework of the organization so that it reflects what its service responsibility is in terms of who determines what that program is going to be. This theme is running through practically everything that we touch now, and I don't think it is something that we can blink away.

HERBERT FEDDER

(*Executive Director, Baltimore ARC*): We are essentially a white, middle-class, parent group, not because we have tried to exclude representation. We tried aggressively to include all elements of the community.

Now we need definite, insistent, strident, determined guidelines from the Federal level forcing many of those at the local level to include us.

We are living through a revolutionary time in race relations, and at the moment the balance is not in the white community, particularly in these programs, but it is in the black community, and that properly so.

I happen to be, in addition to the executive director of the Baltimore chapter, the chairman of the Maryland Advisory Committee to the United States Civil Rights Commission. I am knowledgeable about this particular problem.

ROBERT L. CLARK

(*Executive Director, Greater Omaha ARC*): A year-and-a-half ago our organization in Omaha was persona non grata to the people in our hard-core poverty area. We had ignored them as an organization. We had not even attempted to become involved with problems of MR in the poverty area. The last year-and-a-half we have become involved.

We have found out that it is a little easier to talk about handicapped children than to talk about mental retardation, basically because of the old attitudes, the fears, the inferiority that have been fought for the last hundred years.

We have learned one other thing, too, and that is to take a jaundiced look at Federal funds because they are too undependable.

I want to find out how we can become more intimately involved in local planning, and find local or State or combination of funds to be the basis for carrying out these programs, and pick up what Federal money we can as it is available, but not counting on it in the long run.

For example, we have a project that has been underway in Omaha for the last year called Project Chance for over 100 handicapped children, 80 of whom are retarded. We have been asked to go from 20 percent local matching to 45 percent within the next 4 months. We have to find local and State funds to make up the difference.

We helped start a project in the ghetto but we aren't running it. The Community Action Agency in Omaha is running it. We are there to help them.

It is a long, painful process, and you have to get down to brass tacks and argue, get out the hostilities and show them that you are willing to let them run their show and stand back on the sidelines and help where you can. Now they are calling me instead of me calling them, and I don't think it would have happened if we hadn't had a big fight about a year ago when I had to sit and take it for an hour.

MR. ALEXANDER:

As I see it, one of the greatest lobbies in the history of the Federal Government is being created through the Model Cities Program because we are asking the cities to organize as they have never organized before, to pull groups together that have never been together before, and to come up with price tags on needed programs.

And number two, the mere fact of that kind of organization in 75, 150, and maybe by the end of next year, 225 cities, is going to mean that the needs of the inner city are going to be spoken to as never before in this country.

HEW has placed the highest priority on the Model Cities Program of

any of the programs we have. We are saying to our people that is an umbrella under which you should fit your demonstration and other programs. And that represents opportunity to you, too.

Our big problem is at the State level. The Federal Government was late in getting to the States in this Model Cities process. The law doesn't mention them. The original guidelines barely mention them. We only now have agreed upon a uniform Federal policy in connection with the States in this program.

I think it is a policy that is unprecedented in terms of the depth of the State involvement in planning, review and making decisions in the process. We are finding that the city demonstration agencies haven't learned how to use State government. Many of you come from States where there are commissions on mentally retarded and bodies of various other descriptions, so you have organized interception with those agencies that are concerned with the mentally retarded. Try to lead them to recognize the potential and significance of the model neighborhood program.

MISS MACALUSO:

A lot of middle-class, suburban, white organizations want a piece of this action in the cities. They really want to find out how poor white and black people and Mexican-American people live. It is like visiting a foreign country. Maybe that is one way to do it, and it is important.

But maybe another thing to do is take a look at your own community and the organizations with which you are in contact which probably are not in that ghetto community. See whether your function isn't to sell those organizations and those people who belong to your organization on the whole climate-building into which this other group can move.

MR. ALEXANDER:

One of the disadvantages you have in ARC is a middle-class caste, but that same middle-class caste is what is giving you access to the press and news media. You might use that to pay off for you.

THOMAS GRAF

(*Executive Director, Greater Atlanta ARC*): We find only 40 percent of the educable mentally retarded and less than 28 percent of the moderately retarded are receiving special education service in the Atlanta metropolitan area.

These are actually huge advances over the last several years. But the facilities are limited. We have one diagnostic center in the metropolitan

area. It excludes one-half of the metropolitan area in terms of geographic and political boundaries. We are finding in many areas that it might be more appropriate to provide transportation for some specific services like diagnostic to a more central region for the whole metropolitan area. This is an expensive service and one that is quite limited for the whole population, not only the poor.

Our organization is going out of the business of providing services. We are becoming more social-action oriented and involved in governmental affairs, passing legislation, working with school boards and county planning agencies, et cetera.

I think our Model City people feel that some of the programs, such as day care for the severely retarded, should be part of an overall planning for the area. We have a mental retardation planning committee representing various agencies in the one county. We are recommending that the demonstration program be placed in the Model City areas, partially because of the availability of seed money which might tend to attract the county commissioners more than if they had to foot 60 percent of the bill in, say, a middle-class type of neighborhood.

We feel that it might be fruitless to set up one day-care center for, say, severely retarded in an area of 45,000 population, when we can perhaps plan better services for the people in that community if transportation were available to many of these types of services.

We have the problems that a lot of cities have in that metropolitan school districts are not providing transportation to any special education programs.

Other programs that are not identified as mental retardation programs—such as Head Start and better health facilities for children, all areas dealing with poverty—are having an impact on the great number of culturally deprived retarded who fall within that 75 percent bracket. Perhaps they need not be labeled. I think sometimes we make a mistake of wanting to put mental retardation on everything, whereas we can accomplish some of the same objectives without the label.

MR. ALEXANDER:

To get back to communications, we recently asked our regions to pick nine neighborhood residents from throughout the country—aggressive, concerned people—to talk about the problem of communications with the inner city. We showed them our array of publications and films. And they practically laughed us out of the room on several grounds. Number one, our dialogue. Our publications were aimed at middle-class people. We were trying to satisfy our need for approval by other middle-class people, and therefore we were writing for them. It isn't important for the man in the next office to understand it, but the people in the inner city must understand it.

CAROLYN M. STRICKLAND

(Executive Director, Tidewater, Va., ARC): In our area about 75 percent of the retarded are served in the special education programs. But every time that we have tried to evade the issue or call it something nicer this means that there is an excuse to exclude that child.

Transportation is a real problem in our area. We have children—many of them in their teens—who have been at school only 1 day in their lives. They were assigned to a trainable class which was 10 miles away, and they did not have transportation but were dependent upon the ARC to provide it. As of this year we have cut the transportation service out, simply to force the public schools and to force all of them into taking a look at the problem.

MR. BUGGS:

The problems of the people that your organization serves cut across practically every aspect of the Model Cities Program—education, health, welfare and transportation.

For example, the Model Cities Act requires that the city take a good look at transportation, and that it provide transportation to people in the model neighborhood.

Ordinarily one thinks of this in terms of jobs. But there is no reason why it can't be thought of in terms of health services, mental retardation, or almost anything that involves transportation.

MRS. WILL CONNOLLY

(*Executive Director, San Francisco ARC*): We are doing a fairly extensive study on transportation in San Francisco and we are doing a mock run, you know. A cab company, the city transportation company, and all the professionals are taking phone calls from all agencies to see who wants to go where and how much it will cost over a period of a month. I think we need a new kind of agency for transportation.

MR. BUTTS:

I might caution that if you do set up a demonstration project on transportation, make sure it is locked into the local agency that is responsible for it.

MR. GRAF:

There are some areas that are moving slower in terms of governmental action than others and might come in after the Model Cities. Will it then be too late to tie in programs?

MR. BUGGS:

Oh, no. It is a 1-year action plan and a 5-year forecast.

In the first year it can be revised. Up to 15 percent of the amount of money can be changed so long as it does not drastically alter the plan submitted. We are asking two things: Tell us the first year precisely how you are going to spend that money, and then tell us at the same time, without any Federal constraints in terms of money, what you plan to do for the next 4 years. The second year you come in with a second-year plan which leads toward the forecast for the 5-year program, and also is an extension of the first-year action plan.

You can alter programs on the basis of the first-year experience, put in new programs, knock out old ones if they don't work, if they haven't met the requirements, or have not, so far as the CDA and the citizens are concerned, accomplished what they set out to accomplish.

MR. GRAF:

Another practical problem in terms of involving local governmental agencies is reliability of, say, priority for a certain type of service. Has Congress appropriated guaranteed money? Or is it on a continuation basis if funds are available?

MR. BUGGS:

The guarantee at the moment is $200 million, plus $312 million, or $512 million for the first year for the first-generation and the first year of the second-generation cities. The first-generation cities are those that are announced and already in planning. The second-generation are those that are about to be announced.

Money has been appropriated for 2 years. There is an authorization for 1970, but that doesn't mean that what is authorized is necessarily going to be appropriated.

BERYL S. GRIDLEY

(*Executive Director, Washington ARC*): The ARC group can come in strongly with interpretation to its own Senators and Representatives as to what this program can do in a community. You don't get appro-

priations without an understanding of what the money goes for and why, how popular it is, and a constant interpretation. I don't think any group is better able to do that in my State than ARC.

MR. ALEXANDER:

Your expertise in dealing with the power structure is something that many of your CDA's can use, and this can make a significant difference in how they proceed.

MR. BUTTS:

If you have questions about who you should contact in your local community about NSP, CAA or anything else where we might be of assistance, especially in the area of HEW, feel free to contact somebody in the Center for Community Planning at HEW and we will furnish the information.

MR. BUGGS:

I would urge that you get all of the social agencies in the community to begin to build the climate for a continuation of the program. This program to a very large extent is going to be what the local people make of it; and while we say that we are concerned about the participation of persons in the model neighborhood itself, we are equally concerned about the participation of the larger community. Model neighborhood residents can't do this just by themselves. It is going to take all of the resources that can be applied from the entire city or the entire metropolitan area.

MR. ALEXANDER:

I would urge you to remember that the program is far more significant than the 75 cities because it aims at a pattern of citywide operation and governmental structure that will pay off the people in the future. So what you accomplish in terms of one neighborhood in one city may develop the way of proceeding that is going to be adopted by many more neighborhoods and many more cities. The implications are far beyond the immediate problem you are trying to deal with and could really lead to a tremendous change in our way of doing business locally.

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MRS. JUDITH A. HOPKINS

(*Training Specialist, Center for Community Planning, HEW*): We have picked three neighborhood or community programs to visit, not as models but as neighborhood programs run by people in the community, involving people in the community. One of them, Adams-Morgan, is a totally private group that does not receive funds from the city or the Federal Government directly.

The other two, NDC–1 and Change, Inc., are funded by UPO, which is the Washington Community Action Agency.

DR. MATHILDE KRIM

(*Member, President's Committee on Mental Retardation*): I went to see Change, Inc., which is a local community organization. It is really a self-help organization. We were extremely impressed by the competence, the energy, the good will and the hopes of the people working in Change.

They have six or seven staff members taking care of a huge community and taking care of everything—housing, employment, welfare, et cetera.

I asked, "What do you do with a retarded child when you cannot take care of the case yourself?" They said, "We try to refer it to a specialized agency, whether public or private." And I said, "What is your reaction from the specialized agency? Do you get help?" And the answer was, "None whatsoever."

If these people are willing to help themselves and work so hard, the least we can do is be responsive to their needs when they turn to us for help.

WILLIAM A. PERRY

(*Executive Director, Boston ARC*): I was at Change, Inc., also, and one point that came across to me was one that was brought up this morning: The initial problem facing people in poverty areas isn't mental retardation; it is a question of survival. Mental retardation seems secondary with the kinds of problems that these people were facing as a starting point.

RICHARD J. ROTHMUND

(*Executive Director, Minneapolis ARC*): We were at Neighborhood Centers 1 and 2. There are very few differences between their problems and those I am confronted with in the neighborhood groups in Minneapolis. There are doors and solid walls in many instances, and I think if we as ARC's cannot get in, it is time for us to find out how these groups are truly organized, how they are working, how they are planning, and who is doing the planning.

We are coming into concepts of the consumer of the services having more to say about the priority of needs, and MR is way down on the list. Their concerns are falling walls, and housing, and how you keep the family together; these are things that we have not been dramatically concerned with.

EDWARD MANLEY

(*Executive Director, St. Louis ARC*): Instead of going in to organize a community, the leader of NDC–1 is reorganizing the community forces that are there already. Regardless of the impoverishment of the area, there are church groups, groups of all sorts that are already there but need to be guided and directed. He feels that two or three percent of the population in the Model City can change the Model City. "ARC units should stay out until we know what the needs are," he said, "and we will tell you. When we tell you," he said, "you come help us, and we will do it on a contract basis instead of you spreading yourselves so thin all over the area."

MRS. BARBARA ANDRE

(*Public Inquiry and International Relations, NARC*): In Adams-Morgan there was very intense and sincere concern about the educational needs of their children. So I want to oppose the idea that it is all economics. It is the development of their children, their ability to go to high school when it is time for them to do so, and what they are able to use when they get there. And that is our concern, too.

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MRS. GRIDLEY:

We met the executive director of Adams-Morgan Center, Mary French, and we were inspired. I felt that all of us were amazed with this woman. There is also in Adams-Morgan a very dynamic person, Bishop Marie Reed, evidently a human dynamo.

The school principals were a part of the instigating force—no reason they should not be—but it isn't typical. They got together, recognizing needs and formed this council. They are not government supported. The school which they have established is more or less like a private special school that feeds into the junior high school at seventh grade. Evidently they have all the right theories of education, responding to the interests of the individual. Tests showed Adams-Morgan children were better than six other groups that went into the junior high.

This is the kind of council where 14 block groups are a grass-roots organization, with neighborhood government representation. They have their representatives on the school board, and they refer people out when they come with housing problems or anything else.

Mary French had worked 6 years with Fritz Redl in the National Institute of Mental Health program for emotionally disturbed children. I know that she has picked up a very good education because she couldn't have sounded that good without having had a great deal of experience.

I was particularly impressed with the initiative that she showed, with the confidence that they can meet the needs, and their organization to do it. And their sensitivity to the slow learning child is tremendous.

MR. CLARK:

I would think there would be one missing element in so many other community councils, and that is that this woman, Mary French, has lived in the community since 1928. I have seen community councils in our own area which have left me completely unimpressed, basically because the people that are heading up these organizations and trying to give leadership don't really know the community or the people.

Today is the first time I have ever been impressed with a community council. Maybe another factor here is that this community organization predates OEO. It grew up some 10, 12 years ago. Now this thing is more durable than OEO. It doesn't hinge on just one agency or one program, which I think is another very vulnerable factor that we see in so many community councils that are trying to accomplish local neighborhood programs and action.

I learned something today that we can take home and try to impress upon our local community councils in our own area.

MRS. GRIDLEY:

Their school runs until 10 p.m. Parents who might lose their job because they would have to take time off to consult about their children can consult after school hours. They also have adult education. There is a strong Spanish element and they carry on an English language program in adult education.

MRS. ANDRE:

There was a little boy in an Adams-Morgan arithmetic class who was told to put down the two and carry the three. He could not understand until finally a classmate said, "Put down the two and tote the three."

* * * *

MR. GRAF:

In Atlanta the social planner with Model Cities is on an overall comprehensive planning committee working with the county commissioners. The steering committee has asked that the first comprehensive mental retardation center be placed in the Model City. Through this communication maybe it could be written into the plan to get some Model City money for implementation of this comprehensive day-care center. This would add an additional attraction to the county commissioners of actually getting the first such center into this area.

We are going to have to follow up with certain local government agencies that should carry on this program 10 years from now.

If we can get a governmental agency on a local level involved initially in administering this center using Model City money as seed, then they are going to have to pick it up afterwards, and it is harder for the local governmental agency to drop a service than for a private agency.

ANTONIO CAPRIO, JR.

(*Executive Director, Providence ARC*): We approached the housing authority for space, and got four apartments in a housing development. They were renovated for us. We approached private citizens for furniture, and got private donations. We are going to service two classes, roughly 20 youngsters from ages 3 through 12, who are severely and profoundly retarded.

We got the Office of Mental Retardation involved on the State level. We have contracted with our local anti-poverty agency, which is Progress

for Providence, for a program called New Careers, which will train people to work with these youngsters. We also contracted with one of the agencies within the school department for senior aides. Now we are receiving 16-year-old aides from the Providence School Department. Most of these aides come from the ghetto area. We train them at our center, and we have our satellite program in the ghetto area.

If this is successful we intend to establish other satellite operations.

I think that the NARC units throughout the country should take the initiative and spearhead this drive in the ghetto areas for mentally retarded youngsters. They are there, the service is needed. We can still plan with the Model Cities Program, but the experiences that we get today will be invaluable while we are in the planning stages with the Model Cities Program.

MRS. STRICKLAND:

In Norfolk, we have activity centers in churches. They now call them *their* activity centers, and we do nothing more than just serve as a consultant. We opened them as a public awareness program to get them interested in the field of retardation, because they were afraid. They envisioned children jumping out of windows or getting hurt and their being liable. And yet as soon as the centers had been in operation a month, they said, "Hands off; it is ours." They thought we would be mad, but we were delighted, and we are trying to get them all over the community.

MRS. ANDRE:

I hope we are not hung up on the term mental retardation, and that our concern will be the appropriate development of a child. I don't see why we need to present ourselves necessarily as specialists in mental retardation when we have this larger concern, and the larger expertise, too.

DR. KRIM:

For one thing, you are specialists in mental retardation, and these community groups are not. Even a class for 20 kids is a very important thing, and nobody knows how to do it and can do it without a lot of additional money, and this is exactly the kind of thing you can do.

These people don't want you to move in and take over in the community. They like to do things themselves, but they have to be told how to do it in order to avoid delays and mistakes.

MRS. MARGARET WILSON

(*Director, Model Cities Program, St. Louis, Mo.*): I think people in St. Louis have been Model Citying for about 2 years. Legally, we were not approved for participation until last November. Very early when Mayor Cervantes was advised of the Model City Program, he selected a staff person who was paid out of his personal discretionary funds. He began to develop a kind of steering committee that would explore the possibilities for participation in this program.

Fortunately, we did not have to start from scratch in terms of organizational structure because the Human Development Corps of St. Louis, which is our Community Action Agency, had, in the Model City neighborhood, several neighborhood advisory committees which were grassroots units. And so the HDC and the people who were thinking in terms of Model Cities together approached the possibility of building on this basis, encouraging the formation of neighborhood corps and then designating these corps as the units with which the Model City Agency would work in developing the Model City programs.

We worked out with six neighborhood corps contractual relations for the development of a plan, primarily for their neighborhoods, but geared to problem analysis, definition of goals, analysis and interdevelopment of program approaches, and strategy for action.

Unfortunately, the budget did not allow for teams of professionals on the staff of the Model City Agency who would serve the neighborhood corps and give them technical assistance, as we had planned.

As a substitute, we developed task committees of professionals in the problem areas, on housing, employment and so forth. Membership included almost every relevant agency in the community.

The committees were broken down into small groups with persons assigned to specific neighborhoods, and the neighborhood corps called upon them when they needed help.

We also made available about $9,200 in each area. The corps could use

this cash in whatever way they saw fit in order to carry out the terms of the contract.

Some of them were so far along in terms of office and operational situations that they could immediately hire a professional planner or a firm of advocate planners. Others were so desperate for basic things that some of their money had to be used for furniture and paying telephone bills. Nonetheless, out of this rather complex structure, the neighborhood corps managed to produce by the deadline plans relating to what they felt and saw as their needs.

When this document was finally prepared and submitted to the St. Louis Board of Aldermen, a public hearing was called by the Committee on Housing and Urban Development of the St. Louis Board of Aldermen which had been called into special session to consider this plan.

There were a great many skeptics, both in terms of the program itself and in terms of the idea that people in a neighborhood can plan for themselves in orderly and reasonable fashion.

The hearing room was packed primarily with residents of the neighborhoods who were very much concerned about what action, if any, the board of aldermen would take on this package which they had helped prepare. At that meeting there were also representatives of most of the agencies involved.

The board of aldermen then approved this plan subject to our right to take a look at specific program proposals before they are implemented. We have submitted this plan to the officials in Washington for review.

In St. Louis over a long period of time some of us have been working painfully with problems of people who live in the inner city, without any resources except those we could mobilize from private funds and from our own energies and commitment. St. Louis now has the possibility of having a part in a program which offers to provide about $5,420,000 first-year money, to work at these problems. We can't afford to fail to develop a mechanism to make it productive.

RICHARD TORCHIA

(*Director, Model Cities Program, Providence, R.I.*): Our Model Cities area consists of about 720 acres and about 1,800 people. The ratio is almost fifty-fifty between black and white.

Our organizational structure came through the executive office of the mayor. Final veto power will rest with the mayor and the county.

The difficult problem at all levels, Federal and local, was that the citizens assumed they were going to have full power and control of both money and the planning process.

The mayor appointed a 27-man advisory committee, the Model Cities Council. In addition, we subdivided the area into 14 districts. We were extremely successful with a high turnout of voters for delegates, and we wound up with 28 citizens on the Citizens Planning Committee.

The role of this committee was to plan with the technical staff of the Comprehensive Demonstration Agency.

In addition to both committees we have approximately seven component task forces. They consist of the professional, the expert and the citizen and number somewhere between 10 and 15 members each.

They are concerned about component areas such as education, welfare, crime and delinquency, health, environment and housing. They meet in the evening as well as in the afternoon. If you meet at night you don't get the professional involved; if you meet in the day you don't get the citizen involved. We have had good involvement and interaction between the professional and citizen.

Unfortunately, when we started the program we thought the task force would actually do the planning within their particular area. We found this was not so. As a result, our staff had to do most of the data collecting.

The cooperation from agencies was not the best because many run on Federal programs and Federal money and in some instances cause extreme duplication of services. What filters down to the client group is very meager.

The problem analysis stage is what we are basically in now, identifying the problems of the particular area and all the component areas. We then investigate the kinds of programs that are being now carried out, in health, education, welfare, et cetera; how much money these programs are using; what is their client group; are they actually reaching the client group?

We hope to derive from this the possibility of recommending either deletion of programs, or expanding them if they are good, such as Head Start. In the city of Providence, Head Start seems to be functioning but it is relating to a very small minority of people. The need is much greater.

Our thrust and approach philosophically is to attempt to reunite the family. We had to hook on to something that would unite and interrelate all the programs that we are studying. The family in our particular area is in quite a mess.

Rhode Island has a Fair Housing Law which covers everything from a single family all the way up to a multistory, both in ownership and tenancy.

The difficulty is that most ghetto residents are not earning a sizeable income to purchase a home or rent in the high- or middle-income areas. Then the interrelationship of the forces come to play. Approximately 10 percent of the area is unemployed, most of them black.

We find that we have a great deal of unemployment programs spend-

ing upwards of 7 to 8 million dollars a year, usually geared for the disadvantaged but we still constantly have this kind of problem. In some cases unemployment has increased over the past ten years.

Welfare recipients have almost doubled in the model neighborhood over the past ten years.

In 1960 the percentage of white to black was approximately 90–10. In 1965 it went to 66 percent white, 33 percent black. In 1968 it is 50–50. We are collecting the lower socio-economic class, the welfare recipient, the ADC parent.

We find that the average ADC family consists of five people, a household which in effect would be the woman of the family with approximately four children. They are not going to get very far on the ADC payment.

However, they do have supportive services which they can take advantage of. They don't but they are there. The reason is that the agencies are confusing to the client which they are attempting to serve. Also, since OEO, many of the area residents hired on these local agencies do not have, I feel, the expertise needed.

Citizen involvement is somewhat frustrating, primarily because of the magnitude of the problems. It is even a problem to the technician who attempts to try to relate these problems into meaningful approaches. There are just too many. So we attempt to study those areas of the greatest need.

Second approach and possibly more pragmatic is to involve private industry more. I mean actually giving them monies, giving them positive involvement with the anticipation of eliminating some of the public agencies that are currently spending a great deal of money and not really achieving the broad objective in employing people. After all, who has to hire these people when the disadvantaged are trained? Private industry.

We need to tighten up on health services.

We speak about the mother who does not have prenatal care. We have two very big hospitals, one in the model neighborhood and one other on the fringe. Both are receiving Federal monies to perform particular programs.

It was found that the area residents were not participating, especially for prenatal care. And there were a great many deaths, a much higher incidence there than for the rest of the city as a whole.

We found out that the mother was deathly afraid to go in the hospital, primarily because of the atmosphere. However, once there, she wasn't treated with the greatest respect. She was left waiting there for a considerable period of time. The results were people just would not go any more.

The trend now is to create some sort of health center that will relate to the community and to the people involved, as well as to the education problems that exist. We have to think in terms of multiservice centers.

We could have as it now exists, approximately 100 agencies in the model neighborhood, all doing their particular thing, not really coordinating with each other or communicating with each other. The people are confused as to what these agencies are all about. These agencies do serve a very small client group and they are pretty happy because that qualifies them for next year's Federal funds.

In terms of the actual job, meeting the objective, being efficient in cost per client, they are not.

In terms of housing, we do not want to perpetuate the ghetto but primarily to give them a housing choice.

One of the problems in delivery of services and maintaining the particular kinds of houses is caused by population shift.

For example, we have to know exactly whether these people want to move back in the area, and if they do, what section will they be moving into. In fact, this is where the proposed unit should be placed and not as it now exists. For example, our northern half of the project is the real deteriorated area. If we are to go in there, remove the buildings, chances are the people are going to move down in the southern half or move outside the area.

We cannot force them to move anywhere. We can only maintain a choice. This is where the priorities come into play in terms of the 5-year plan.

Possibly the facilities we do intend to put in should be existing structures and new facilities should not be built until we know the settlement of population and where it is.

Rhode Island has come a long way in education. Providence has an integrated school system. The ratio of mix is 70–30, white to black. We also have a special educational program in which by law mildly retarded children between the ages of 3 to 21 must be given education by the Education Department.

In terms of the mentally retarded client group our problems are to identify where they are, who they are and how severe they are. We are using approximately a 2 percent factor and projecting it in the model neighborhood as a quantifiable term in order to program for it.

The State Department of Education has informed me that the emphasis will be on the 3- to 5-year-olds. The prime vehicle could be in the Head Start and day-care facilities. Day-care facilities in a model neighborhood has about 300 slots available. We have a need for approximately 2,000 in relation to what we have. We anticipate expanding this program.

In essence we are in our Model Cities Program; our due date is January 1971. We are to program particular facilities and improvements over the next 5 years, starting with 1969. We also must have the first-year action program.

The role of the Model Cities Agency is primarily to monitor existing

programs, as well as to conceive new concepts and redirect different approaches as this 5-year plan progresses. Even though we may not know all the answers today I am sure in the second, third, and fourth years working with both the State and Federal officials we can achieve some of the solutions to the problems that now face us in our model neighborhood.

BERNARD RUSSELL

(*Director, Program Development and Coordination, Model Cities Program, HUD*): I think it would be wise to learn to live with some problems and continue to work with them. I would not want to see the Model Cities Program be put in a position of saying in 5 years we are going to solve the problems of the cities. We are not. If we did by any miracle solve the problems that exist, in 5 years there would be other problems to solve.

In essence, Model Cities is trying to set up a capacity in the cities to deal with problems as they arise. We can no longer think that a group of people at the top, whether it is at the top in Washington or the city government, really fully understand those problems when they don't live with them.

The Model Cities Program is not a mayor's program. It is a program that is designed to give people who have problems that may be affecting their lives access to city hall.

It is true that the money funnels through the city but we will not approve a plan that has not had significant input from the citizens. I say this as forcefully as I can. It is not a simple problem to get people who have not been accustomed to dealing with city hall to act in a responsive, logical, thoughtful manner to their problems when they are dealing with city hall for the first time. It is complicated by the fact that a number of agencies, public and private, that have been established to deal with the problems of these people have become increasingly disfunctional to their needs.

For example, we are well aware of the fact that the educational system does not educate a large majority of the kids who come into the slum schools. We are aware of the fact that many of the slum residents would take exception to the fact that the Police Department protects them, that the Welfare Department supports them. I could carry on these examples ad infinitum.

One of the things we are trying to do in Model Cities is to change those agencies, those institutions whose purpose it is to serve the people, and to change them so that they do in fact deal with their problems.

MRS. WILSON:

I might review some of the programs in St. Louis that are attempting to meet the needs of the retarded. In the Yateman area there is a suggested comprehensive family-oriented health care program which will involve treatment and referral. In four of the neighborhoods, there are comprehensive health centers which might lend themselves to mental retardation. Maternal and infant care is very much related. Mental health satellite clinics are related.

There is a suggested program to train residents in the skill of observing difficulties which might then be a basis for followup. They would be neighborhood health communicators.

There is a pupil center suggestion in which students with severe emotional and learning difficulties at Murphy-Blair would be given a particular kind of attention.

In another area a youth development program addressed primarily to dropouts would relate again to this subject. A team in the Murphy-Hyde Park area would be concerned with deficient youth. Then the expanded Head Start Program, and, finally, guidance teams who would be composed of psychiatrists, counselors, social workers and testers.

MR. RUSSELL:

We are going to try in specific formula grant programs to work out some kind of arrangement with the Governor and the State agency so that funds can be earmarked. In about eight to twelve cities, we expect to have some form of income maintenance substituting for the present form of welfare grant payments in the model neighborhood.

The local community has to develop the capacity to get good local data on mental retardation. We are setting up information systems in all of our Model Cities. It is a tremendous task because of the lack of good data on almost every substantive area.

MR. CLARK:

In Omaha we completed an extensive study supported by our county government to determine the extent and implications of retardation in our county and our city. We looked at the school census figures as probably our best source of readily available information and we did some analyzing. Unfortunately, our Federal census is inadequate for this purpose.

State law says our public schools must record through the school census all handicapped children of school age. It was easy to retrieve in the school district of Omaha, which has the best source of information because it is

computerized. We found out of a school population of some 66,000 students, over 3,000 were reported on the census as being educable mentally retarded.

We found also that only 45 percent of those youngsters living in our district who were at our state institution were reported as being in the institution.

If Model Cities authorities insist upon hard data I think we had better think this thing through more fully.

The insistence on hard statistical data neglects completely our interest in preventive programs, in the sense these children would not be identifiable at this point as mentally retarded but in another 4 or 5 years they certainly would be.

MR. RUSSELL:

There has been some conflict in the Model Cities Program at the Washington level between researchers and the program people also. We expect participants to get started with a program at the end of this planning year. But we also expect them to continue a planning process throughout the life of the program.

If in your community you think you know enough to really get started in program and can demonstrate that, I think the CDA and certainly the Model Cities Administration at the Federal level would go along with you.

This is especially important in view of the changing character of the cities. What is true in a particular neighborhood in 1968 may be quite different in 1970, partially as a result of the Model Cities Program. We expect to see the changes in the lives of the people in these areas.

I think we can go on the assumption that every child living in the ghetto area needs an enriched educational experience.

GERALD WALSH

(*Acting Executive Director, NARC*): Our discussions have been centered primarily around so-called ghetto areas, inner-city areas, and we think of poverty and deprivation in these particular areas. But we have a lot of poverty and deprivation in State institutions for the mentally retarded and I hope we take this into consideration. We have as many as 100 people in one bedroom in some institutions.

Speaking more specifically on poverty, the association has begun a project in cooperation with the Urban League and the Family Service

Association of America to determine the needs of retarded in five cities to try to establish a system of delivery of service.

MRS. CONNOLLY:

San Francisco is about 49 square miles, a peninsula, a nice, tidy area; excellent public transportation to all parts of town with one exception; one city and county government. There is a tradition of certain groups of people working very closely together over many years, and a population that is fairly stable now at about 750,000.

One of the things we worked for the hardest in our health department was the establishment of an MR unit in the San Francisco Health Department with an information and referral service. We have an agreement with about 50 agencies in San Francisco that all referrals will go to Dr. Agler, who is the director of the MR unit. This we see as a way of centralizing the provision of services. We don't take any more referrals directly.

There is now legislation in California which requires each school district to keep a list of any children who have applied for school service and have been denied it. The information then goes to the State Department of Education. This becomes another device whereby we have a very clear picture of how many children are being denied classes, because in San Francisco the mentally retarded are accepted at age 8, and we know this is much too late except in a development center program which the school department runs but which has a long waiting list.

Through this mandatory reporting, we are beginning to get a picture of how many children of school age there are in our community who are not in school. It is a larger number than we had estimated.

MR. CLARK:

Omaha is quite different from San Francisco. We don't have unified city and county government, suburb and rural. Transportation is difficult.

A VISTA worker suggested that we discuss the possibilities of developing programs for the children in the deprived area who were excluded from schools and Head Start programing, because they were too handicapped. There was no service available to them in the community. It was either stay home or go to the institution and the institution had a waiting list of some 130 at that point.

We met with the director of special education for the Omaha Public School District and representatives of 20 agencies to discuss initiating a child service program.

One day we got a call from some people who had earlier accused us as being discriminatory, saying, "Why are you planning a center for our

area and not consulting the people who live there? We want you to come to a meeting at 8:00 o'clock this evening."

We went to the meeting, and the small public housing apartment was packed with 35 angry people. For an hour they vented their hostility toward those of us who represented the white power structure in the community for ignoring them and for not asking them how they saw the problem and what kinds of services they felt their handicapped children needed.

Then they decided they were through; they were going home. I said, "You know, equal time prevails here. I would like to have a little time to talk with you now."

We then discussed what we were hoping to accomplish. We told them we would be interested in having representatives from their informal parent group meet with this project planning committee and sit in on the discussions about how the project was being shaped.

The project was presented to the Greater Omaha Community Action Agency, since we were asking for Head Start funds. We decided, in terms of what facts and figures we could derive from the school census, that we should develop a program with two basic phases.

First, an out-reach phase to determine what the true need for services to handicapped children would be. We started using handicapped rather than mentally retarded after the parents made it very clear that if we talked about mentally retarded, we were going to drive people away. If we talked about handicapped youngsters, the residents understood, and this they could accept.

The out-reach identified children, found their needs, and referred them to available programs. Those who could not be referred to any existing program would be referred to our child-care program.

The committee wanted to cut the program in half; they thought it was too expensive. Finally it was the neighborhood people who convinced this board to approve the project and place it to the full board of the action agency.

Out of the 120 children who are currently being served in project Change, about 80 percent are mentally retarded; the rest just physically handicapped or emotionally disturbed. Most of the retarded are handicapped in some way. The parents of approximately 60 of these children are actively participating in a PTA-type organization based on this project.

They are out raising money to supplement Federal funds. They are beginning to develop their own credentials as a parent group concerned about handicapped children.

About two-thirds of the youngsters are black; one-third are white or Indian. The staff ratio is exactly the same.

MRS. CONNOLLY:

I think the business of encapsulating the ghetto is a real danger. Hill House, where we rented space for our United Public Health Service Demonstration Project for the seriously retarded adult, has recently stated a policy which says that they have a responsibility to serve the neighborhood and the total community.

At first they were a little uneasy about our bringing kids in from other neighborhoods. So we now agree that probably 30 percent of the young adults in the program will come from Terrill Hill and two-thirds from other places. We have done this consistently, to try to bring young people out of Hunters Point.

It has been appalling to find that many people we served in our adult program were not mentally retarded by our standards. We were able to do a quick evaluation and move them out to something else.

ALLEN MENEFEE

(*Deputy Executive Director, PCMR*): Now that you have been initiated into Model Cities, what are you going to do about it? What are your next steps?

KERMIT HARRINGTON

(*Regional Representative, NARC*): As a regional representative of NARC, I am going to get acquainted more with the regional people at HUD and see how we can work together within the different Model City programs across the region.

MR. GRAF:

I feel that we have two major courses. One is that of better informing our own association members of the relationships between poverty and mental retardation and to better inform our people of the job that must be done if we are truly to meet the needs of all retarded.

Secondly, we have already made Model City people an internal part of our planning and of our social-action oriented activity in obtaining services.

I suggest that ARC membership dues be adjusted on national, state and local levels.

MRS. ANDRE:

If people in poverty areas can't afford the dues, could they be invited to earn their dues by participating? They may do it by filing, helping in the fund drive, or a number of things.

CURTISS KNIGHTON

(*Chairman, NARC Committee on Poverty and Retardation*): I am supposed to give you a summary of what has been going on. I really don't think a summary is necessary, but there are just some points that I took notice of and I hope to put these across to you.

We will start with Dr. Aldrich, who gave us a broad outline of the Model City Program and three challenges for us as executives and as members of ARC. One, he said that the infrastructure of the poverty area should be looked at. Second, he mentioned transportation as a primary problem.

Another challenge he gave was the role of youth in our Model City Program. This is extremely important and I would like to add to that the role of the aged.

He also informed us that there were at least 6 million MR's in the United States and 75 percent with no disease or biological cause and 25 percent with some brain damage.

Dr. Aldrich also said that all parts of the city should be examined, not just the ghetto, to see the interrelationship that exists between the parts of the city, particularly the relationship between poverty and the ghetto.

In 1964 the Mental Development Center at Western Reserve in Cleveland, made a one-month survey to identify MR's. They used a team of pediatrician, social worker, psychologist and research assistant and used the Cleveland Hospital, which is located on the edge of the ghetto.

Out of 726 children, there were 125 referred to this team as possible MR's. Sixty-eight of them had IQ's of 75 or less, which meant out of that total we had a percentage of 9.36 of the total numer of children seen identified as MR.

We must understand how the Negro feels about the establishment, the power structure. If year after year you have gone to the power structure trying to get something out of it and you have failed, you become frustrated.

The minute the middle-class white man sits before a group like this he is going to get the full force of this frustration. There is no need of trying to avoid it.

I met a black militant and four or five of his cohorts at a cocktail party one week after I returned to the States. Someone said, "This is Curt Knighton; he has been in the Army." Well, that didn't go over very well. Then he made the mistake of saying, "He will be the Associate Director of Family and Child Services of Washington, D.C." Then I was jumped on.

One said to me, "You know, we don't like your kind of people."

And I said, "What do you mean? I have high reflectability just as you. I am one of the brothers. What are you talking about?"

He said, "Do you know the thing that is worse than a middle-class white man? A middle-class Negro." And this is exactly how they feel.

So you have to be very strong. You have to sit there and take it and give them twice as much. Then you get a dialogue and then you begin to get some understanding.

To me, the crux of the Model City Program is local initiative and motivation.

In our agency we are fast changing our image by participating in the poverty programs. We are doing this because the board and the executive director felt it was necessary to change the image of this agency from one of middle-class counseling and group therapy to one that gets out into the neighborhood.

We take kids who are having problems that interfere with their academic progress, put them in a home with a substitute mother and father, then give them group therapy and counsel. They stay there until they graduate from junior high school.

I do feel that we in ARC need a feedback. We need information on how your program is going, the problems that you have met so that we can get this information out to the other local ARC's.

You have to have someone in the power structure to see that our particular program does not get lost in the shuffle.

I don't think we should depend upon our present programs; we should use the Model City Program to increase our particular effectiveness in working with the mentally retarded. It would help us reach our goal.

Goals are the same as for those working with any other group of children, particularly in the handicapped field: Identification and defining the maturity of the handicapped. Then you have your evaluation which is social and psychological.

The next step is to facilitate the overall development of the child in the potential treatable areas. Fourth, which is extremely important, is to do realistic planning with the family.

I am very thankful that with our child extremely realistic planning was done in San Francisco. It was hard to accept the fact that we had a mentally retarded child. I was ready to push her to become a doctor and I found I couldn't do that because she didn't have the smarts, so I had to change my thinking. But the social worker did a beautiful job of realistically planning with me and my wife for our child.

The fifth thing is that you try to avoid aggravating the condition.

We keep these goals in mind and, working within the framework of a Model City Program, with initiative, motivation, push, outreach, I think we will be successful.

APPENDIX

Mental Retardation: Guidance for Model City Planners

At least 75 percent of the mentally retarded in the United States are residents of those cities for which Model City projects are intended. Conservative estimates of the incidence of mental retardation in inner city neighborhoods begin at 7 percent. The figures continue to increase.

Menal retardation is often thought of in terms of severely handicapped persons. In reality, however, most are mildly affected, with no obvious symptoms. Through education and training, the majority can improve their lives and become self-sufficient citizens.

They are children with few enriching preschool experiences, youths whose level of functioning is too low for gainful employment; adults who are unable to cope with the social and work demands of sustaining themselves in society.

Although less than 5 percent of the retarded are severely or profoundly retarded, the incidence of these seriously handicapped persons is substantially higher among the medically indigent or impoverished neighborhoods than in other areas.

The needs for health, education, social and rehabilitation services which grow out of the impoverished conditions of blighted neighborhoods are the same basic service needs of the mentally retarded.

The activities of the Model Cities Program could result in the most significant reduction in the occurrence of mental retardation to date. While still focusing on the broad target of the disadvantaged, the structure of Model Cities planning lends itself to alleviating the problems of the retarded.

The retarded in disadvantaged neighborhoods often receive significantly less service from public and private agencies than do the retarded living in other neighborhoods. Such services could be greatly improved through existing agencies with the proper planning and leadership.

An estimated 2 million retarded persons capable of learning to support themselves need job training and placement services. Even at minimum wage, these individuals have a potential annual earning capacity of $6 billion.

MENTAL RETARDATION . . . . YES

Mental retardation results from circumstances occurring before or during birth or from influences which affect the individual's development during early childhood;

Mental retardation is more than limited intelligence. It involves those abilities and skills necessary to function effectively as a community member;

Mental retardation is a major national health, social and economic problem;

Mental retardation is one product of the conditions which prevail in the ghettos;

Mental retardation can often be prevented;

Mental retardation is a problem which cannot be effectively handled by the family of the retarded.

MENTAL RETARDATION . . . . NO

Mental retardation is not a permanent, unalterable condition;

Mental retardation is not wholly a medical, social or educational problem;

Mental retardation is certainly not the same as mental illness.

COORDINATED PLANNING A MUST

The same neighborhood social problems which serve as targets for Model City planners are also the targets of group planning by other public and private agencies. Only through a coordinated approach can positive change be effected and duplication of effort avoided. To bring such an approach to fruition will require an integration of energies among Model City planners and allied agencies.

A number of comprehensive planning programs with a major focus on conditions in blighted neighborhoods have recently been completed or are in process. Their recommendations, information, and pool of informed manpower are relevant to the tasks facing Model City planners.

LOCAL IMPLICATIONS FOR MODEL CITY PLANNING

Each planning program has used task forces composed of professional and informed citizens. Each participant, whether or not he is presently involved, represents a resource to the Model City planners. These individuals are sensitive to the needs of the impoverished, knowledgeable

of what is required to alleviate the problems, and accessible in almost every community. Obtain the names of persons from your community who have participated in such planning activities. Also seek access to the data collected and reports prepared by these planning groups.

PREVENTION

The occurrence of mental retardation can be reduced. This becomes of particular interest when the high-risk slum areas are considered. Research has demonstrated that much can be done to alter the consequences of environmentally caused retardation through providing needed social, educational, and health services.

Because the corresponding impact of mental retardation produces a wide range of disability, a variety of services is required. Most of these services are the same as needed by the impoverished and are typically provided through public agencies in more privileged neighborhoods. Quality generic health, education, and welfare services will minimize

the need for extensive specialized services which should be made available within the Model Cities neighborhoods.

Neighborhood-oriented Services

DIAGNOSTIC SERVICE: If the goal calls for each child's developing his full potential (thus preventing a majority of the cases of mental retardation) there must be dual diagnostic approaches as early in each child's life as possible: First, a diagnostic approach to *babies* that will provide a descriptive profile of their strengths, sensitivities, activity level and reactivity patterns.

Also needed is a diagnostic approach to *families* that can evaluate parent-child, parental, child-child and environmental compatibilities and incompatibilities. Thus can be found the most practical ways of augmenting that which the lower socio-economic group mother can provide for her infant and child.

In addition, diagnostic services during *early childhood* are necessary on a continuing basis for these children, as well as for those not seen initially during infancy. Clinics which focus on children with suspected mental retardation or developmental problems usually have a multidisciplinary approach to the evaluation of the child and serve all levels of retarded children as well as their families.

Effective use of generic services (provided by public health, education, recreation and welfare agencies) will contribute to the identification and evaluation process. Public health nurses, social workers, day-care and preschool teachers, recreation workers, physicians, speech pathologists and audiologists and others having contact with the child and his family can play an important role in evaluating the preschool child's potential, and in identifying retarded children.

Adequate diagnostic services in the schools, including social and psychological services but more importantly good diagnostic teaching, will enhance early identification and subsequent programing.

If the mildly retarded child can be identified during his early formative years, social and educational programs such as day-care and nursery schools can aid his development. Decisions regarding the care and management of moderately, severely and profoundly retarded children depend on diagnostic findings at as early an age as possible to prevent exacerbation of the problems and to increase the chances of corrective and ameliorative programs helping the child achieve his full potential.

PRESCHOOL PROGRAMS: Preschool experience is a critical necessity for the child from the lower socio-economic group. His education must be extended *downward* to infancy—18 months or earlier. A program must be provided which is geared to help overcome the deprived situations in which so many children live. A combination of good health,

nutrition and social service programs which also involve the parents is necessary for high standard day-care and preschool programs. Parents can be trained in improved care of their children in this kind of program.

Good preschool programs are designed to enrich the child's world and to help him function to the best of his ability. Sensitive, well-trained preschool teachers who recognize individual differences among the children can sense the specific needs of children functioning below expected levels and can program accordingly. Thus *mildly retarded children and many moderately retarded children can be served adequately in regular preschool groups.*

EDUCATION: Public school provisions for the mentally retarded have taken the form of special classes with small pupil-teacher ratios, specially trained teachers and the utilization of a curriculum designed for these specific needs. Such educational programs have focused primarily on the trainable (moderately) and the educable (mildly) retarded. The scope has typically included children of school age, with the program culminating in vocational training preparatory to employment.

In some slum neighborhoods, a large percentage of regular school enrollment will have educational and vocational training needs similar to those of the educable mentally retarded. In these situations the need may not be for more or better special classes but for a generally improved situation in the school. This would include teachers with superior training, low pupil-teacher ratios, appropriate materials and equipment, and the addition of supportive services such as psychological and speech therapy services. At the secondary level, primary attention should be given to vocational training for the educable mentally retarded.

SOCIAL SERVICES AND ECONOMIC ASSISTANCE: Inadequate social services and economic assistance contribute both directly and indirectly to mental retardation and depressed intellectual functioning.

Current social service and economic support programs must be improved and novel, yet practical approaches must be developed.

Inadequate nutrition; poor prenatal care; inadequate infant care as a direct result of inadequate environmental conditions (together with the mother's resulting depression); separation of children from families; factors contributing to the fatherless family; and a destructive rather than rehabilitative climate of providing financial assistance are among the factors which lead to retarded mental development.

Adequate financial assistance and social services which focus on family strength and keeping families united through financial and social services; which assume a plan of economic and social security for all Americans; and which provide a preventive, rehabilitative climate will contribute to prevention of mental retardation.

REHABILITATION: Although a number of rehabilitation services are needed by the mentally retarded at different stages of life, the sheltered workshop represents the major rehabilitation service with the most general application. Many mildly retarded adults can with assistance, obtain employment. Others will require the service of a rehabilitation counselor. Still others will need further training prior to entering the competitive world. Few moderately retarded persons will independently obtain employment. In general, they will rely on sheltered workshop employment and/or training.

Some shops are multi-purpose and serve individuals with a variety of disabling conditions; others are specialized and serve only such groups as the mentally retarded. Services offered by sheltered workshops vary from preparation for outside employment to the terminal-type shop, where employment is provided by the sheltered workshop. The latter is most applicable for the moderately retarded, while the mildly retarded will require a program which facilitates transition from training to competitive employment.

Through programs of habilitation and rehabilitation, the retarded person becomes more self-sufficient. This enhances the adjustment of the individual, minimizes the need for custodial-type care and contributes to prevention by lessening the dependency needs of the individual.

DAY-CARE: Day-care services play an important role in helping families adjust to the responsibility of caring for a retarded child. Placement of a child in an institutional setting can often be postponed or eliminated through the availability of day-care. Services generally are provided through a family or group structure. Family day-care service amounts to placement of a child or a small group of children in a home for less than 24-hour care. The group day-care program is developed to provide for a broader range of needs. In addition to child care, the program should include developmental activities in language, self-care, and social adjustment.

Day-care programs typically serve children from ages 3 to 12 whose level of functioning precludes participation in other services. Group day-care programs can also be organized to serve retarded youth and adults for whom sheltered workshop, job placement or participation are not appropriate alternatives.

The clientele of *special* day-care programs is generally comprised of moderately and severely retarded persons. The mildly retarded can usually benefit sufficiently from day-care programs which take children from a cross section of the population.

PUBLIC HEALTH SERVICES: Health care needs of the mentally

retarded are the same as the needs of the general population residing in Model City neighborhoods. The lack of good health care among the impoverished contributes to a broad spectrum of problems.

The child whose health needs are unmet cannot expect to benefit from school attendance nor can the adult in poor health perform according to employers' expectations.

The mentally retarded as a subgroup of the blighted neighborhoods are vulnerable to those conditions which spread disease and cause injury. They need well-baby clinics, prenatal care, public health nurse services, immunization programs, and venereal disease controls. Paralleling the need for general health care service is the need for existing health standards to be enforced and/or revised.

In many communities, the impoverished are not benefiting from the standards and municipal laws which were established to protect them.

Probably no single area has more to contribute to the prevention of mental retardation in the slums than good health care. The prevalence of the medically indigent; expectant mothers not receiving prenatal care; malnourished children; and communicable diseases are highest in the target neighborhoods of the Model City program.

Regional Services

Certain services are provided on a regional basis to obtain a sufficiently large population base. However, the densely populated target areas of most Model Cities programs may make the provision of such services feasible within the bounds of the target neighborhood or on a city-wide basis. In general, regionally based services include residential facilities for long-term care; 24-hour care units for treatment or rehabilitation; pediatric nursing care; centers which combine medical treatment with comprehensive rehabilitation services; and diagnostic clinics which incorporate the skills of a multi-disciplinary staff.

Regional services are often developed as part of a complement of services. For example, a pediatric nursing facility may be linked with a general hospital; a diagnostic clinic may be associated with a major health center; a rehabilitation evaluation unit may be part of a comprehensive rehabilitation center.

Efficiency, availability of professional resources, and accessibility become major factors in determining whether a particular service should be established on a local or regional basis. In the case of the mentally retarded, needed services are provided by professional resource persons who are also required by facilities serving the general population.

Therefore, it becomes necessary to locate special services for the retarded in localities where general professional resources are the most extensive. This is particularly true in reference to residential facilities where the need for sub-professional personnel is considerable. Coupled

with the need for maximum utilization of professional talent, *the situation seems to dictate the establishment of regional facilities in populated areas with sufficient manpower resources.*

Relevant Questions

- Are there enough persons in need of the service to warrant establishment of the service on a neighborhood basis?
- Can the retarded person's relationship with his family be maintained if the service is provided at a distant point?
- Is it possible to incorporate the service with other regionally based services?
- Will the manpower resource be more effective if the service is regionally based?
- If a service is developed on a regional basis will the community support it?
- How does the service under consideration relate to other health or social services?
- If the service is to serve counties is there a source of public funds which can be collected on a regional basis?

Resource Agencies and Persons

Individuals and agencies already members of the community and involved in social action for the retarded represent a major resource to the Model City planner. To maximize available resources, Model City planning staffs will need to know the identity of these persons or agencies and what they represent in experience, information, and potential as contributors to the needed constellation of services. (See page 54.)

Public agencies represent a major resource. However, the problem often encountered is that while the retarded are *eligible* they may not actually be receiving services. Under these circumstances, the task becomes one of requiring the public agency to fulfill its responsibility.

In addition to the resource agencies described in the following chart, a reserve of potential assistance exists in the area of civic organizations. Many local groups, including the Association for Retarded Children, the Junior Chamber of Commerce, Civitan International, the Kiwanis, the "Clipped Wings," and the League of Women Voters, have a history of service to the mentally retarded. There are a number of projects conducted in behalf of the retarded which are within the capabilities of service organizations.

Establishing Priorities

As the problems and needs of persons in the target areas of Model Cities become apparent, decisions must be made as to *which* needs are most significant and the sequence in which they should be considered. The task becomes one of assessing the problem in terms of available and needed resources. The development of a time-phased approach to the implementation of planned programs requires that priorities be established. Model City planners may find the following questions helpful in determining criteria for planning projects on a priority basis.

Relevant Questions

- Is the service completely missing from the network of needed services or is it in need of strengthening?
- Should the service be an integral part of the neighborhood or can it be more efficiently provided on a regional basis?
- Can the service be made a function of an existing agency or agencies?
- Is this particular service a prerequisite for participation in other services?
- Are there persons, groups, or agencies whose interest in this particular service is sufficient enough for them to commit funds or efforts to its establishment?
- What are the alternatives for establishing this service? Can it be incorporated with other projects?
- What are the available sources for funding?
- Is this service compatible with the objectives of the Model City Program?

Answers to the above questions cannot be weighted equally for all cities. The differences among Model City projects and variations in government structure make interpretation of responses to the questions unique to each community. *The primary considerations are the significance of the service to the mentally retarded, feasibility in terms of financial and personal resources, relevance to the Model City project, and the relationship of the service's function to those of existing agencies.*

Evaluation Considerations

- Evaluation procedures should be reflected in the initial planning.

- The plans for each project should specify the nature of the service to be developed or modified as well as the group to be served.
- Evaluation should focus on appropriateness, effectiveness, and economy.
- The findings of evaluation should serve to enhance or to redirect the progress of the subject.
- Evaluation implies more than subjective opinion. It requires objective evidence.

PICTURE CREDITS:

Joan Larson, Arthur Tress, Paul Conklin, Fletcher Drake, Michael Sullivan—Courtesy of Office of Economic Opportunity

Level	Age 0–5 Maturation and Development	Age 6–21 Training and Education	Adult Social and Vocational Adequacy	Environmental Factors Contibuting to MR
Mild.....	Often not noticed as retarded by casual observer, but is slower to walk, feed self and talk than most children.	Can acquire practical skills and useful reading and arithmetic to a 3rd to 6th grade level with special attention. Can be guided toward social conformity.	Can usually achieve social and vocational skills adequate to self-maintenance; may need occasional guidance and support when under unusual social or economic stress.	Lack of early detection. Absence of certain developmental experiences during early childhood. Poor health and diet. Ineffective education. Lack of vocational training and guidance opportunities. Inadequate parental stimulus directed toward school.
Moderate.....	Noticeable delays in motor development, especially in speech; responds to training in various self-help activities.	Can learn simple communication, elementary health and safety habits, and simple manual skills; does not progress in functional reading or arithmetic.	Can perform simple tasks under sheltered conditions; participates in simple recreation; travels alone in familiar places; usually incapable of self-maintenance.	Insufficient education of parents concerning methods of working with their retarded child. Inadequate relief to enable the mother to cope with the child's demands. Lack of day care facilities which focus on child development. Lack of rehabilitation facilities. Absence of group living programs for young adults.
Severe.....	Marked delay in motor development; little or no communication skills; may respond to training in elementary self-help, e.g., self-feeding.	Usually walks barring specific disability; has some understanding of speech and some response; can profit from systematic habit training.	Can conform to daily routines and repetitive activities; needs continuing direction and supervision in protective environment.	Poor general health of mother. Lack of prenatal care. Insufficient medical attention at time of birth. Lack of pediatric care during childhood illness. Lack of pertinent knowledge of child-rearing practices. Insufficient access to specialized service of social agencies. Failure to apply suitable corrective measures. High incidence of accidents.
Profound.....	Gross retardation; minimal capacity for functioning in sensori-motor areas; needs nursing care.	Obvious delays in all areas of development; shows basic emotional responses; may respond to skillful training in use of legs, hands and jaws; needs supervision.	May walk, need nursing care, have primitive speech; usually benefits from regular physical activity; incapable of self-maintenance.	

Adapted from The President's Panel on Mental Retardation, *Mental Retardation,* A National Plan for a National Problem: Chart Book. U.S. Department of Health, Education, and Welfare, Washington, D.C., 1963, p. 15.

Major Planning Programs Relevant to Services for the Mentally Retarded in Model City Neighborhoods

Planning Program	Purpose	Legislation	Agency
Comprehensive mental retardation planning.	To assess the statewide needs of the mentally retarded and to develop priorities for programming.	Authorized by Public Law 88–156, an amendment to the Social Security Act.	Federal: DHEW, Social and Rehabilitation Services, Division of Mental Retardation, Arlington, Va. 22203. State: Responsibility may be assigned to the Governor's Office, Dept. of Health, or Dept. of Institutions.
Plan for construction of mental retardation facilties.	To identify needed facilities and to support funds for their establishment.	The Mental Retardation Construction Act, Public Law 88–164.	Federal: DHEW, Health Facilities Planning and Construction Services, Health Services and Mental Health Administration, Washington, D.C. 20201. State: In most states it is admnistered in the State Department of Health.
Comprehensive mental health planning.	To help develop comprehensive mental health plans in order to strengthen community mental program.		Federal: National Institute of Mental Health. State: State Mental Health Authority
Plan for construction of community mental health centers.	To outline how, where, and when steps will be taken to provide adequate community mental health services for persons residing in a State.	Community Mental Health Centers Act. (Title II, Public Law 88–164).	Federal: National Institute of Mental Health. State: Programs administered by designated State health or State mental health authorities.
Comprehensive health planning.	To assist States in comprehensive and continuing planning for current and future health needs.	Public Health Services Act as amended by Public Law 89–749.	Federal: DHEW, HSMHA, Community Health Service. State: State Department of Health or Inter-Agency Boards.
Comprehensive rehabilitation planning.	To determine the extent of disability, service potential of public and private agencies, to evaluate the gap between need and available services, and finally, to formulate a complex of services required to enable every disabled person to receive appropriate service by 1975 or sooner.	Vocational Rehabilitation Act as amended 1965 Sec. 4(a)(2)(A).	Federal: DHEW, Social and Rehabilitation Service, Rehabilitation Services Administration. State: State Department of Vocational Rehabilitation or department with responsibility for vocational rehabilitation.

AREA OF CONCERN	PRIMARY AGENCY OR PERSON	TYPE OF ASSISTANCE TO BE EXPECTED
Social Service	Social Service Department of the State Institution serving the community*	Rate of admission from target area. Assistance in planning. Information on the effectiveness of social agencies in the community serving the mentally retarded.
	Council of Social Agencies	Incidence data if an inter-agency case exchange is in existence. Information on agencies currently serving the mentally retarded. Possibility of a task force to study specific social service problems related to the mentally retarded. A beginning point for establishing or strengthening coordination of services in developing referral systems.
	Public Social Welfare*	Information on licensing of day-care programs. Advisory incidence information, services on developing day-care, homemaker, and other social services.
	Private Social Agencies, e.g., Catholic Charities, Lutheran Welfare, Childrens' Home Societies, etc., Family Service, Jewish Social Services	Many operate facilities for the retarded and can provide consultation services. Information on church voluntary organizations providing social services to the retarded and their families in the Model City neighborhood.
	Public School Social Worker	Information on family needs. Information on major problems of children and youth.
	Ministerial Association	Information on churches providing services to the mentally retarded and their families. Source for disseminating information to the community.
	Local Office of Economic Opportunity	Information on existing or planned programs relevant to the retarded in Model Cities neighborhoods. Information on programs operated by other agencies but related to the employment or training of individuals from impoverished neighborhoods. Consultation service in analyzing needs of the mildly retarded youth particularly in the area of employment and preparation for employment.

*Generally affiliated with a state-level office.
**Generally affiliated with the National Association for Retarded Children.

AREA OF CONCERN	PRIMARY AGENCY OR PERSON	TYPE OF ASSISTANCE TO BE EXPECTED
Education	Director of Special Education in Local Schools or County Education Office*	Numbers of children served in programs for educable or trainable. Gaps in school program. Information on Federal programming opportunities which are applicable to Model Cities neighborhoods.
	Local Association for Retarded Children**	These agencies often provide education programs to the moderately and severely retarded. Good source for assistance in informing the public. The membership generally contains a good resource of informed volunteers. May provide access to social action workers in the community interested in the mentally retarded.
	College or University Special Education Staffs	Consultation service in educational programing. Research Assistance.
Health	City and/or County Departments of Health*	Information on health services available in neighborhood. Public health nurse can provide information on incidence and service needs. Information on the population served by facilities which are licensed. Consultation service or health care and facilities. Information on health construction funds applicable to Model Cities Programs.
	Practicing Physicians	Information on incidence. Assistance in developing referral systems. Information on needed health services. Information on problems encountered by families.
	Visiting Nurses Association	Information on family needs. Information on incidence. Information on health care needs.

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AREA OF CONCERN	PRIMARY AGENCY OR PERSON	TYPE OF ASSISTANCE TO BE EXPECTED
Rehabilitation	District Office of Vocational Rehabilitation*	Information on mentally retarded persons served. Information on major problems encountered in providing rehabilitation services to this group. Consultation services in planning sheltered workshops and other rehabilitation services. Information on rehabilitation funds available for use in Model City Program.
	Goodwill Industries and similar organizations which sponsor sheltered workshops	While many sheltered workshops do not now serve mentally retarded clientele they can provide consultation services on organizing and operating shops. Information on mentally retarded persons being served in sheltered workshops.
	Hospital Related Rehabilitation Facilities	Information on services to physically disabled, mildly retarded persons. Consultation services regarding referrals.
	National Association of Sheltered Workshops and Homebound Program, Inc., 1522 K Street N.W., Washington, D.C. 20205. (Although this agency does not have local affiliate groups, many sheltered workshops are members.)	Guidelines for planning sheltered workshops. Information standards. Consultation services in planning.
Organizations likely to have special study committees on mental retardation.	State Medical Association	Standards for health care, residential services, and clinical services.
	State Bar Association	Obligation of family of the mentally retarded child. Rights of the mentally retarded. Statutes affecting the mentally retarded.
	State Welfare Associations	Residential care. Referral systems. Community planning.
	State Association for Retarded Children**	Special committees on all major care and treatment areas. Comprehensive Planning Legislation.

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